

SUP2014-0091



# APPLICATION SPECIAL USE PERMIT

ADMINISTRATIVE CHANGE OF OWNERSHIP  
OR MINOR AMENDMENT

☒ Change of Ownership      ☐ Minor Amendment

[must use black ink or type]

**PROPERTY LOCATION:** 300 N Washington Street Unit 106 Alexandria VA 22314  
**TAX MAP REFERENCE:** 064.04 02 13 **ZONE:** CD  
**APPLICANT** Maura nello fitness LLC  
**Name:** John Alexander  
**Address:** 2835 Raymond Court, Falls Church VA 22042  
**PROPERTY OWNER**  
**Name:** North Washington Realty  
**Address:** 46 Woodcliff Rd Saddle River NJ 07458  
**SITE USE:** Personal training

☒ **THE UNDERSIGNED** hereby applies for a Special Use Permit for **Change in Ownership**, in accordance with the provisions of Article XI, Division A, Section 11-503 (5)(f) of the 1992 Zoning Ordinance of City of Alexandria, Virginia.

☒ **THE UNDERSIGNED**, having read and received a copy of the special use permit, hereby agrees to comply with all conditions of the current special use permit, including all other applicable City codes and ordinances.

☐ **THE UNDERSIGNED** hereby applies for a Special Use Permit for **Minor Amendment**, in accordance with the provisions of Article XI, Division A, Section 11-509 and 11-511 of the 1992 Zoning Ordinance of City of Alexandria, Virginia.

☒ **THE UNDERSIGNED**, having obtained permission from the property owner, hereby requests this special use permit. The undersigned also attests that all of the information herein required to be furnished by the applicant are true, correct and accurate to the best of his/her knowledge and belief.

John Alexander  
 Print Name of Applicant or Agent  
2835 Raymond Court  
 Mailing/Street Address  
Falls Church VA 22042  
 City and State      Zip Code

[Signature]  
 Signature  
2053933580  
 Telephone #      Fax #  
Schnr62PO4@hotmail.com  
 Email address  
21 August 2014  
 Date

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY

Application Received: \_\_\_\_\_  
 Legal advertisement: \_\_\_\_\_  
 ACTION - PLANNING COMMISSION \_\_\_\_\_

Fee Paid: \$ \_\_\_\_\_  
 ACTION - CITY COUNCIL: \_\_\_\_\_

The following information must be furnished to the Department of Planning and Zoning to determine if the current use conducted on the premises complies with the special use permit provisions and all other applicable codes and ordinances.

1. Please describe prior special use permit approval for the subject use.

Most recent Special Use Permit # 2004-0035

Date approved: June / 1 / 2004  
month day year

Name of applicant on most recent special use permit Matthew McKinnis

Use Personal training

2. Describe below the nature of the *existing operation in detail* so that the Department of Planning and Zoning can understand the nature of the change in operation; include information regarding type of operation, number of patrons served, number of employees, parking availability, etc. (Attach additional sheets if necessary.)

Operation is unchanged. See last special permit.  
The operation is 1 on 1 personal training as well as small group training. There are 3 training rooms that will be used for 45 minute sessions. Hours of operation are M-F 6AM-9PM and Saturday 6AM-3PM. The studio is closed on Sundays and major holidays. There will be up to 3 clients on the premise at a time, up to 30 per day. Parking will follow the guidelines of 8-200(A)(17). There are 5 parking spaces that are designated with paint. There will be no more than 4 employees and 3 clients on the premises at any time. Public transit is encouraged.

**3. Describe any proposed changes to the business from what was represented to the Planning Commission and City Council** during the special use permit approval process, including any proposed changes in the nature of the activity, the number and type of patrons, the number of employees, the hours, how parking is to be provided for employees and patrons, any noise emitted by the use, etc. (Attach additional sheets if necessary)

No changes - The business will continue to operate as it has with the same number of clients and employees. Also parking is unchanged. Hours of operation will also continue from 6AM-9PM M-F and Saturday 6AM-3PM.

4. Is the use currently open for business?

☒ Yes ☐ No

If the use is closed, provide the date closed.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

5. Describe any proposed changes to the conditions of the special use permit:

None - There are no changes to  
prior SUP.

6. Are the hours of operation proposed to change?

☐ Yes ☒ No

If yes, list the current hours and proposed hours:

Current Hours:

M-F 6AM-9PM  
SAT 6AM-3PM  
SUN - closed  
Holidays - closed

Proposed Hours:

M-F - 6AM-9PM  
SAT - 6AM-3PM  
SUN - closed  
Holidays - closed

7. Will the number of employees remain the same?

☒ Yes ☐ No

If no, list the current number of employees and the proposed number.

Current Number of Employees:

7

Proposed Number of Employees:

7

8. Will there be any renovations or new equipment for the business?

\_\_\_\_ Yes ☒ No

If yes, describe the type of renovations and/or list any new equipment proposed.

No renovations or new equipment

9. Are you proposing changes in the sales or service of alcoholic beverages?

\_\_\_\_ Yes ☒ No

If yes, describe proposed changes:

No alcoholic beverages will be sold.



10. Is off-street parking provided for your employees? ☒ Yes ☐ No  
If yes, how many spaces, and where are they located?

5 - off street behind studio

11. Is off-street parking provided for your customers? ☒ Yes ☐ No  
If yes, how many spaces, and where are they located?

5 - off street behind studio

12. Is there a proposed increase in the number of seats or patrons served? ☐ Yes ☒ No  
If yes, describe the current number of seats or patrons served and the proposed number of seats and patrons served. For restaurants, list the number of seats by type (i.e. bar stools, seats at tables, etc.)

Current:

N/A

Proposed:

N/A

13. Are physical changes to the structure or interior space requested? ☐ Yes ☒ No  
If yes, attach drawings showing existing and proposed layouts. In both cases, include the floor area devoted to uses, i.e. storage area, customer service area, and/or office spaces.

14. Is there a proposed increase in the building area devoted to the business? ☐ Yes ☒ No  
If yes, describe the existing amount of building area and the proposed amount of building area.

Current:

1750 SQ FT

Proposed:

1750 SQ FT

15. The applicant is the (check one) ☐ Property owner ☐ Lessee

☒ other, please describe: Buyer - soon to be Lessee

16. The applicant is the (check one) ☐ Current business owner ☒ Prospective business owner

☐ other, please describe: \_\_\_\_\_

17. Each application shall contain a clear and concise statement identifying the applicant, including the name and address of each person owning an interest in the applicant and the extent of such ownership interest. If the applicant, or one of such persons holding an ownership interest in the applicant is a corporation, each person owning an interest in excess of ten percent (10%) in the corporation and the extent of interest shall be identified by name and address.

For the purpose of this section, the term "ownership interest" shall include any legal or equitable interest held in the subject real estate at the time of the application. If a nonprofit corporation, the name of the registered agent must be provided.

**Please provide ownership information here:**

John Alexander - 100% Sole owner of Mauranello  
Fitness LLC DBA Fitness Together. 2835  
Raymond Court, Falls Church VA 22042.